

Arizona Medical Association
Committee on Maternal and Child Health Care
Community Advisory Group on Adolescent Health

PLAN FOR IMPROVING ADOLESCENT ACCESS TO APPROPRIATE HEALTH CARE

Need

According to the U.S. Census Bureau, it was estimated that persons ages 10 through 24 comprised 21.8 percent of the Arizona population in 2002. Of the estimated 5,456,453 people in Arizona, 1,189,498 were in this age group. Of these, 416,021 were ages 10-14; 383,137 were ages 15-19; and 390,340 were ages 20-24. Males comprised 51.7 percent and females 48.3 percent.

Adolescence is a critical period in life – it is the transition from childhood to adulthood. This developmental period is marked by rapid change physically, emotionally, intellectually, and socially. The present and future health status of adolescents is inextricably tied to the changes that occur during this age period, as well as the choices adolescents make. Furthermore, adolescents' attitudes about their health and health care and the health-related practices that they adopt during this time set the stage for the future. The focus is often on the risks that characterize this developmental period, but focus needs also to be placed on the monumental rewards that come from promoting health and healthy choices in adolescence. The payoff is lifelong.

Given that adolescence is such a critical period in life, we must ensure that youth get the information, education, care, and support they need to be healthy and grow into healthy adults. Today, we simply are not doing enough to make sure that happens. All adolescents need access to appropriate health care to ensure that they are growing and developing in a normal fashion, emerging health (physical, mental, social, and oral) problems are detected early, and intervention is occurring in a timely manner. While national studies suggest that most adolescents have a usual source of health care, there are subpopulations, such as those who are uninsured, that do not. These youth are more likely to report having foregone needed health care and having unmet health needs. Furthermore, even those who do have access to health care may not be seen by health care providers with the specialized training and communication skills to address the issues unique to adolescents.

This plan has been developed to focus attention on what can be done to improve adolescent access to health care which is of high quality, acceptable to them, convenient both in terms of place and time, affordable, and well-coordinated. In short, we want to ensure that adolescents get what they need to be healthy now and throughout their lives.

Background

The Adolescent Health Subcommittee of the Arizona Medical Association's Committee on Maternal and Child Health Care strives to improve health care for all Arizona adolescents. The Subcommittee has completed several successful projects, including the following:

- The Adolescent Subcommittee identified a lack of information on consent and confidentiality in adolescent health care as an area of concern in the late 1990's. They developed *Consent and Confidentiality in Adolescent Health Care: A Guide for Arizona Health Care Practitioners* in 1999.

- The Adolescent Subcommittee then recommended changes to the Early Periodic Screening, Diagnosis and Testing (EPSDT) forms and procedures used by Arizona Health Care Cost Containment System (AHCCCS) providers for their pediatric clients, including adolescents. The changes were adopted by AHCCCS and include the use of a pre-screening assessment and recommended subjects to be covered in the anticipatory guidance section of the visit.
- The Adolescent Subcommittee developed a draft of an Adolescent Health Care Handbook for physicians, which addresses adolescent-specific assessment and resources.

Feedback from potential funders suggested that resources might be available to complete and expand the Adolescent Health Care Handbook and related projects, if it could be shown how products such as this were part of a larger plan for improving adolescent health care and adolescent health in Arizona. Because promotion of positive general health, healthy choices, safety, and optimal growth in adolescents involves a broad spectrum of professionals and community members, the Adolescent Subcommittee decided to create a Community Advisory Group to consider the possibility of creating a plan for improving adolescent health in Arizona. A meeting was held on September 29, 2004 with 19 participants. Participants enumerated a number of current activities designed to improve adolescent health care and adolescent health, but concluded that these activities were not coordinated with each other nor were they being carried out as part of an overall plan. The recommendation of the Community Advisory Group on Adolescent Health was to seek funding for the creation of a plan. They agreed that the focus of the plan should be on improving adolescent access to health care.

A proposal was submitted to and subsequently funded by St. Luke's Health Initiatives (SLHI). A series of five meetings were planned during 2005 to review existing data, assess current strengths and weaknesses, establish key directions, and identify existing and potential strategies. The goal was to create a living plan to which all partners could contribute on an ongoing basis. The individuals and agencies that participated in the planning process are listed in Attachment 1.

Members of the Community Advisory Group on Adolescent Health are committed to involvement of adolescents in the planning process. The SLHI grant provided resources for two adolescent focus groups, one rural and one urban. The input from these focus groups, as well as written feedback from groups of adolescents with whom partner agencies had regular contact, helped to inform the development of the plan. In addition, a group of adolescents reviewed the draft plan and made comments on it. Their comments have been incorporated into the plan.

Vision

In the ideal world, all adolescents would have:

- Ø Health care coverage
- Ø A medical home
- Ø A comfortable place in which to receive care and providers with whom they are comfortable (implies choice of providers)
- Ø Health care providers who are comfortable with them, understand their issues, have the skills to address these issues, are knowledgeable about developmental stages and the implications of these stages, and are appropriately compensated
- Ø A comprehensive array of services (including physical, oral, and mental health, primary and specialty care, prevention, and health education)

- Ø Services that are available to them when they need them and where they are (geographical access, telemedicine, etc.)
- Ø Knowledge of how to access services (where to call, how to connect)
- Ø Assurance of confidentiality
- Ø Culturally-sensitive services and interactions with health care providers
- Ø Health care that is coordinated with other related services
- Ø A seamless transition from the child to adult health care system
- Ø Parents who are involved and educated about their health care needs and preferences

Guiding Principles

The plan is intended to be:

- Ø Adolescent-centered
- Ø Statewide in scope
- Ø Collaborative (including adolescents, families, health care providers, schools, institutions of higher education, and other agencies and organizations concerned about the health and well-being of adolescents)
- Ø Action-focused
- Ø Feasible to implement
- Ø Results-oriented
- Ø Evaluated

Key Directions

Key Direction #1: Provide education for health care providers and others who work with adolescents.

Target audiences should include the following: physicians, physician assistants, nurse practitioners, nurses, dental professionals, mental health and substance abuse treatment professionals, social workers, counselors, health care office staff, social service providers, corrections personnel, teachers, coaches, trainers, and those who work in youth-serving organizations.

Topics should be tailored to the specific audience but should include the following: risk and protective factors, adolescent development (health and psychosocial), life style issues and adolescent decision making, mental health and substance abuse issues, community and family issues, adolescent-friendly and culturally appropriate communication, confidentiality and consent, and adolescent-friendly office procedures.

What adolescents say:

“Do not waste time by trying to explain too much – give clear-cut understandable advice, trust in our ability to know what is going on, but leave room for questions.”

“Build in time to talk.”

Strategies:

1. Address adolescent development, health-related topics, and communication with adolescents in training and education programs for new professionals.
2. Address adolescent development, health-related topics, and communication with adolescents in ongoing continuing education programs for those already working with adolescents, using a variety of live and distance learning approaches.
3. Provide training and education for those who will be teaching adolescent development and health-related topics (train-the-trainer, faculty development) in order to ensure that the content is current and research-based and that the adolescent perspective has been incorporated.
4. Link those who work with adolescents to ongoing technical assistance and support.
5. Provide tools and other resources to assist those who work with adolescents. These might include: health screening tools, model health care office procedures, current adolescent-specific resource and referral information, guidelines for transition from the child to adult health care system, and a variety of health information materials for adolescents and their families.
6. Incorporate adolescent development and health-related topics into peer and pre-professional training for adolescents who are interested in working with this age group in the future.

Key Direction #2: Deliver education about access and appropriate health care to adolescents and their families and motivate adolescents to seek health care on a regular basis.

Target audiences should include adolescents and their families.

Topics should include the following: importance of prevention and regular health care, life style factors affecting preventable diseases, life skills, relationships, mental health and substance abuse, oral health, decisions that contribute to health and safety, dealing with family health issues, how to find the health care resources that are needed, how to access health care services, how to be a self-advocate, and eligibility and enrollment in health care insurance programs.

Adolescent health education should be current, interactive, and presented in way that reflects the adolescent's worldview. It should start early and continue on through adolescence.

What adolescents say:

"Start health education earlier – before 6th grade."

"Would like health education every year because of changes from freshman to senior year."

"Teachers need to see the job as more than just curriculum – need out of the box thinking."

Strategies:

1. Promote and provide comprehensive health education in schools.

2. Make health education available through community organizations and other means to adolescents who are not in schools.
3. Provide health information on a variety of topics to adolescents in an adolescent-friendly format and in locations where adolescents are likely to find it.
4. Provide current resource information on available health, oral health, mental health, substance abuse treatment, and social services in an adolescent-friendly format and in locations where adolescents are likely to find it (including both written, verbal, and on-line, e.g., 2-1-1).
5. Provide information that increases adolescents' media literacy, specifically how to locate reliable health information.
6. Provide information on adolescent health and related topics in a variety of formats to parents through schools and community organizations.
7. Engage youth in peer leadership activities and provide opportunities for participation in activities focused on improving adolescent access to appropriate health care.

Key Direction #3: Promote access by making health care more convenient, acceptable to adolescents, affordable, and culturally/language appropriate.

What adolescents say:
"Money is a barrier."
"Decrease time in the waiting room...it would be nice to be able to walk-in for physicals."
"It would be nice to have the same doctor."
"Provide mobile health care services that visit schools and provide quick and free health screening to all students."
"Need health care services on weekends – can't miss a whole day of school!"
"Provide education on what health insurance is all about – how you get it, how you keep it, what is a deductible, etc....Teens may be able to take more responsibility regarding health care if they know more about insurance policies and how to make appointments."

Strategies:

1. Locate affordable health care providers in or near schools or other locations convenient for adolescents.
2. Provide mobile health care services.
3. Provide transportation to/from medical appointments.
4. Provide health care at hours that are convenient for adolescents and that do not interfere with school and related commitments.

5. Engage community partners including colleges and universities, community health centers, school-based clinics, advocates, public and private third-party payers, other funders, adolescents, and families in identifying and removing barriers to health care for adolescents who are uninsured or underinsured.
6. Provide information about health insurance for adolescents and link them to available health insurance.
7. Link adolescents to affordable health care in alternative settings, pro bono medical services, and other health care resources, if they cannot afford or qualify for health insurance.
8. Train and educate health care providers and their office staff so that they are better able to communicate effectively with adolescents, in a manner that is adolescent-friendly and in their primary language.
9. Create a health care environment that looks and is adolescent-friendly. Provide adolescent-focused reading materials.
10. Institute health care office procedures that are tailored to the needs and preferences of adolescents.
11. Identify and address the unique barriers to health care faced by certain groups of adolescents, including those who are homeless, immigrants, those in secure facilities, those with special health care needs, and those with mental health/substance abuse issues.
12. Create a greater awareness of Arizona's minor consent and confidentiality laws through professional education and use of sample office policies.

Key Direction #4: Promote comprehensive and coordinated health, mental health, and oral health care for adolescents.

What adolescents say:

"It would help the doctor to know about other doctors/specialists being seen."

"It would be great to have a doctor who knows everything that is going on with the therapist and specialist."

"The patient should follow-up and make sure the doctor knows what's going on with any of the patient's other doctors...Patients should know their own medications."

"A team approach would benefit everyone and save time."

Strategies:

1. Identify best practices and standards of care for adolescent health care.
2. Evaluate current practice in relationship to best practices and standards of care.

3. Identify and promulgate quality improvement guidelines.
4. Provide education about the concept and benefits of a medical home to adolescents, their families, and those who work with them.
5. Promote coordination of services for adolescents through a medical home.
6. Promote use of a health risk appraisal by health care providers who work with adolescents.
7. Identify “navigators” to help adolescents find their way through the health care system.
8. Promote a health care team approach, enlisting the involvement of medical, mental health, dental, and allied health professionals.
9. Promote seamless care through the health care system, including transitions from pediatric to adult services.
10. Provide adequate reimbursement from payers for coordination and delivery of comprehensive health, mental health, and oral health care for adolescents.

Key Direction #5: Create and sustain an infrastructure to support ongoing communication, coordination, collaboration, funding, and evaluation of adolescent access to appropriate health care.

What adolescents say:
“Create a task force...publish results...let doctors and other interested parties have input.”
“Need more coordination between education and health care.”

Strategies:

1. Continue the activities of the Arizona Medical Association’s Community Advisory Group on Adolescent Health as a subcommittee of the Arizona Department of Health Services, Office for Children with Special Health Care Needs. The subcommittee will promote, facilitate, and document progress toward this plan for improving adolescent access to appropriate health care.
2. Identify and procure sustainable funding for efforts to improve adolescent access to appropriate health care.
3. Advocate for the continuation of efforts directed toward increasing adolescent access to appropriate health care by community agencies and organizations.
4. Promote and facilitate collaborative efforts directed toward increasing adolescent access to appropriate health care.
5. Continue to convene and share information among agencies and organizations concerned with adolescent access to appropriate health care.